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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Mortgage Insurance Companies of America Political Action Committee 1425 K St., NW ADDRESS (number and street) Suite 210 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00113258 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Х Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2008 03 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Suzanne C. Hutchinson Type or Print Name of Treasurer Electronically Filed by Suzanne C. Hutchinson 04 03 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

R	eport Covering the Period: From:	01 2008	To: 0 3 3 1 2 0 0 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1		33491.08
	(b) Cash on Hand at Begining of Reporting Period	33491.08	
	(c) Total Receipts (from Line 19)	0.00	0.00
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33491.08	33491.08
	Total Disbursements (from Line 31)	9500.00	9500.00
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23991.08	23991.08
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Mortgage Insurance Companies of America Political Action Committee

		MM	D D	YYYYY		M M	D D	YYYY
Report Covering the Period:	From:	0 1	0 1	2008	To:	0.3	3 1	2008
riopont data in g and a discon-								

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	0.00	0.00
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 9500.00 9500.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 9500.00 9500.00 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 9500.00 9500.00

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	0.00	0.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			NUMBE	R:		P	AGE 6	/8	
П	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			eck onl 21b 27	22 28a		23 28b	24 28c	2 2		26 30
	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam											
	NAME OF COMMITTEE (In Full) Mortgage Insurance Companies of Americ	a Political Action Comm	itte	Э								
۸.	Full Name (Last, First, Middle Initial) Continuing A Majority PAC/CAMPAC							on ID: sburse	SB23.7	'684		
	Mailing Address 2501 Wisconsin Ave., N Suite 304	N				0 ^M 1	M /	^D 1	5 /	ž0	80	
	City Washington	State Zip Code DC 20007				Amou	int of	Each	Disburse			riod
	Purpose of Disbursement			v		L.				250	0.00	
	Candidate Name		С	ateg Typ	-							
	Senate President	ement For: Primary General Other (specify)										
_	State: District: Full Name (Last, First, Middle Initial)					-		ID	CD00 7	,000		
-	Gard for Congress				Date	of Di	sburse					
	Mailing Address P.O. box 277					0 3	M /	0	3 /	ž0	ŏ8°	
	City Green Bay	State Zip Code WI 54305				Amou	int of	Each	Disburse	ement th	nis Pe	riod
	Purpose of Disbursement reception		Г	•		L.				50	0.00	
	Candidate Name John Gard		C	ateg Typ	•							
	• —	ement For: 2008 Primary General Other (specify)	•									
	Full Name (Last, First, Middle Initial) Martinez for Senate							sburse	SB23.7	'692		
	Mailing Address 610 S. Blvd.					0 3	M /	1	0 /	ž 0	ŏ8°	
	City Tampa	State Zip Code FL 33606				Amou	int of	Each	Disburse	ement th	nis Pe	riod
	Purpose of Disbursement breakfast		Γ	•		L.				100	0.00	
	Candidate Name Mel Martinez		ˈc	ateg Typ								
		ement For: 2010 Primary General Other (specify)										
<u> </u>	SUBTOTAL of Disbursements This Page (optional)				•		*			4000	0.00	
Г	OTAL This Period (last page this line number only)						•					•
1 '	The Time I ched (last page this line humber only)										_	_

Transaction ID: SB23.7689 Date of Disbursement Category/ Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) People for Patty Murray Mailing Address 1602 Belle View Blvd. Amount of Each Disbursement Transaction ID: SB23.7689 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.7689 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Transaction ID: SB23.7689 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.7689 Date of Disbursement this Peric Amount of Each Disbursement Other (specify) ▼ Transaction ID: SB23.7689 Date of Disbursement this Peric Category/ Type Amount of Each Disbursement Other (specify) ▼ Transaction ID: SB23.7689 Date of Disbursement this Peric Category/ Type Transaction ID: SB23.7689 Date of Disbursement this Peric Category/ Type Transaction ID: SB23.7689 Date of Disbursement this Peric Category/ Type Transaction ID: SB23.7689 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.7689 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.7689 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.7688 Date of Disbursement Other (specify) ▼ Type Transaction ID: SB23.7683 Date of Disbursement this Peric Category/ Type Transaction ID: SB23.7683 Date of Disbursement this Peric District: Full Name (Last, First, Middle Initial) Other (specify) ▼ Transaction ID: SB23.7683 Date of Disbursement this Peric Category/ Type Transaction ID: SB23.7683 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.7683 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.7683 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.7683 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.7683 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.7683 Date of Disbursement		Use sep	arate schedule(s)		NUMBER: PAGE 7/8
NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) NORigage Insurance Companies of America Political Action Committee Full Name (Last, First, Middle Initial) NRCC Mailing Address 104 Hume Ave. City Office Sought: House President State: District: Full Name (Last, First, Middle Initial) People for Pathy Murray Mailing Address 1602 Belle View Blvd. ### Senate Primary Office Sought: House Alexandria VA 22307 Purpose of Disbursement Cardidate Name Office Sought: House State: District: Full Name (Last, First, Middle Initial) People for Pathy Murray Mailing Address 1602 Belle View Blvd. ### Since Indicate Name Office Sought: House VA 22307 Purpose of Disbursement reception Candidate Name Pathy Murray Office Sought: House Name (Last, First, Middle Initial) President State: WA District: Full Name (Last, First, Middle Initial) President State: WA District: Full Name (Last, First, Middle Initial) Pople (Saught: American Incomplete) Mailing Address 499 South Capitol St. #412 City Washington DC 20003 Purpose of Disbursement Transaction ID: SB23.7683 Date of Disbursement this Peric Category/ Type Transaction ID: SB23.7689 Date of Disbursement this Peric Category/ Type Amount of Each Disbursement this Peric Other (specify) ▼ Transaction ID: SB23.7689 Date of Disbursement this Peric Category/ Type Amount of Each Disbursement this Peric Other (specify) ▼ Amount of Each Disbursement this Peric Category/ Type Office Sought: House X Primary General Other (specify) ▼ Other (specif	FEMIZED DISBURSEMENTS			21b	22 X 23 24 25
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IT	EMIZED DISBURSEMENTS	for each category of Detailed Summary	f the (Crieck o	nly one) 22 X 23	□ 24 □ 25 □ 26
		Detailed Summary	27 27	28a 28k	
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$\overline{\ }$	NAME OF COMMITTEE (In Full)				
/	Mortgage Insurance Companies of Am	nerica Political Action C	Committee		
	Full Name (Last, First, Middle Initial)			Transaction I	ID: SB23.7693
	The Elizabeth Dole Committee			Date of Disbu	rsement
	Mailing Address 128 North Columbus	St.		03	10 / 2008
	City Alexandria	State Zip Code VA 22314	е	Amount of Ea	ch Disbursement this Period
	Purpose of Disbursement breakfast				1000.00
	Candidate Name Elizabeth Dole		Category/ Type		
	Office Sought: House X Senate President	oursement For: 200 Primary X Ge Other (specify)	-		
	State: NC District:				

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	9500.00